

● PRINTER RUSH ●

(PTO ASSISTANCE)

3rd request

Application : <u>101078056</u>	Examiner : <u>Lee</u>	GAU : <u>2881</u>
From : <u>MW</u>	Location : <u>DC</u> FMF FDC	Date : <u>9/21/05</u>

Tracking #: 06075487 Week Date: 2/7/05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>11-1-2004</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input type="checkbox"/> OATH		
<input type="checkbox"/> 312		
<input type="checkbox"/> SPEC		

[RUSH] MESSAGE: Renumbered claims 31-33
(original 33-35) depend on renumbered
claim 37 (original 36). Please advise
along with providing a complete version of
the IIFW.

Thanks

[XRUSH] RESPONSE: _____

INITIALS: _____

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04

● PRINTER RUSH ●

(PTO ASSISTANCE)

2nd request

Application : <u>10/078056</u>	Examiner : <u>Lee</u>	GAU : <u>2881</u>
From : <u>PAP</u>	Location : <u>(IDC) FMF FDC</u>	Date : <u>7/11/05</u>

Tracking # : 06075487 Week Date : 2/7/05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Renumbered claims 31, 32, 33 (original claims 32, 34, 35 depend on renumbered claim 34 (original claim 36)).

Thank you.

[XRUSH] RESPONSE: renumbered
OK to change claims 31, 32, 33
to depend on renumbered claim 34

INITIALS: *[Signature]*

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
 REV 10/04